

SENATE BILL REPORT

E2SHB 1445

As Reported by Senate Committee On:
Health Care, March 28, 2013

Title: An act relating to complex rehabilitation technology products.

Brief Description: Concerning complex rehabilitation technology products.

Sponsors: House Committee on Appropriations Subcommittee on Health & Human Services (originally sponsored by Representatives Cody, Green, Jinkins and Morrell).

Brief History: Passed House: 3/11/13, 91-7.

Committee Activity: Health Care: 3/27/13, 3/28/13 [DP-WM, w/oRec].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Cleveland, Ericksen, Frockt, Parlette and Schlicher.

Minority Report: That it be referred without recommendation.

Signed by Senator Bailey.

Staff: Mich'l Needham (786-7442)

Background: Durable medical equipment is considered an optional service for state Medicaid programs and is currently covered in Washington. Durable medical equipment is defined as equipment that: (1) can withstand repeated use; (2) is primarily and customarily used to serve a medical purpose; (3) is generally not useful to a person in the absence of an illness or injury; and (4) is appropriate for use in the client's residence.

Wheelchairs are considered durable medical equipment under the Medicaid program. There are several different categories of wheelchairs. Manual wheelchairs are non-motorized and capable of being independently propelled. Manual wheelchairs may be classified as standard, lightweight, high-strength lightweight, hemi, pediatric, recliner, tilt-in-space, heavy duty, rigid, custom heavy-duty, and custom manufactured specialty-built. Power wheelchairs are motorized wheelchairs that can be independently driven by a client. Power wheelchairs may be classified as pediatric, non-customized power, or customized power.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: The Health Care Authority (HCA) is directed to establish a separate recognition for individually configured, complex rehabilitation technology products and services for complex medical-need patients in the Medical Assistance program. The separate recognition must establish a budget and services category that is distinct from other categories, such as durable medical equipment. In addition, HCA must establish standards to purchase complex rehabilitation technology products exclusively from qualified suppliers.

Complex needs patients are defined as individuals with a diagnosis or medical condition that results in significant physical or functional needs and capacities. The term does not negate requirements that individuals meet medical necessity requirements to qualify for complex rehabilitation products.

Complex rehabilitation technology is defined as wheelchairs and seating systems defined by Medicare as durable medical equipment that are specially configured to meet the specific medical, physical, and functional needs of individuals. Complex rehabilitation technology is primarily used to serve a medical purpose and requires patient evaluations and fitting services to establish the appropriate design, configuration, and use of the equipment. The term specifically includes highly configurable wheelchairs, complex rehabilitation power wheelchairs, and adaptive seating and positioning systems.

Qualified complex rehabilitation technology supplier means an entity that: (1) is accredited as a supplier of complex rehabilitation technology; (2) meets Medicare standards for durable medical equipment suppliers; (3) employs at least one complex rehabilitation technology professional at each site who is physically present to assess patient needs and assist in product selection and training; and (4) provides service and repairs for the products that it sells, as well as information about receiving service and repair.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: The bill takes effect on January 1, 2014.

Staff Summary of Public Testimony: PRO: This was brought to me by the complex technology folks with concerns about future selective contracting, and the impacts of budget cuts to durable medical equipment. The best practices we focused on in this version will help ensure that patients receive the best products for them, the first time. This separates complex rehabilitative technology from general durable medical equipment (DME). There were a couple of rounds of budget cuts that included DME, but these devices are different in that patients really need them to function. Equipment in the early years was not personalized but now we have better products that can allow us to design a product to meet the specific needs of an individual. The specialized equipment allows the patients to continue to have an active life and with the appropriate equipment they avoid equipment that may cause further harm for them. The individualized wheelchair I have allows me to work and get through the job sites, even with deep mud, and provide consultation services. The chair is adaptive and helps

me maintain my health, without pressure sores or other ailments that come from inappropriate equipment.

Persons Testifying: PRO: Representative Cody, prime sponsor; Charlie Brown, National Coalition for Assistive Rehabilitation Technology; Bruce Thompson, AARO Medical Supplies; Robert Plummer, citizen.